PLACE OF BIRTH			V.
1. County of The	ARIZON	NA STATE BO.	ARD OF HEALTH
District of	BUREAU OF VITAL S	TATISTICS	State Index No
Town of Mani 0	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. 70
от	L.	O	Local Registrar No.
City of	No. H4 JW	n a hospital or instituti	St., Ward
2. Full name of child love I		·	{ If child is not yet named, make supplemental report, as directed.
· · · · · · · · · · · / · · · · · · · ·	in, triplet or other		
in event of plural	., in order of birth		7. Date of birth Day Year
S. FATHER	14.	. ()	MOTHER
Full name Cruz Guerre	rro	III maiden name	rarta Vasques
9. Residence (Usual place of abode) Mian		Residènce (Usual place of abode)	mianh 8.
If non-resident, give place and state. U	izona 1	If non-resident, give	place and state. Orugina.
10. Color or race	16	Color or race	
Mey 11. Age at last birthda	y 25 (Years)	mex.	17. Age at last birthday, 22 (Years)
Mulaux	<i> </i>		Jaco Guanajuato
12. Bit (uplace (city of parte)	1 2000	. Birthplace (city or p (State or country)	Med.
(State or country)			
13. Occupation Lawrence Nature of Industry	· II	. Occupation Nature of industry	
Minina		Contract of Industry	Donnervile
20. Number of children of this mother (a) Born	allve and now living		precautions taken against oph- mia neonatorum?
	n alive but now dead born		yes.
	TE OF ATTENDING PH	YSICIAN OR MIDW	
I hereby certify that I attended the birth of this chi	ld, who was (Borg)	alive or stillbox(0)	ntm. on the date above stated
*When there was no attending physician or midwife, then the father, householder,	ature Coyril	M. LOZ	(Physician or - widwife).
etc., should make this return. A stillborn	ess O Mi	ami, a	Manua.
Civen name added from	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4 16	V. 9 D.
a supplemental report	Filed. /CO7	19/14	Le. G. Orran Local Registrar.
	Filed		
Registrar			County Registrar.

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